

216020594  
99400

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 76	Agency Case No. B6-044189	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016		(In Military Time) TIME OF ACCIDENT 1543	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1544	05/20/2016		
B	65	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 10TH M ST TO N ST			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		214.00		X		M ST	
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	1	R. WORK ZONE CODES	R1 3 R2 2 R3 1 R4 2	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	H13519849	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V1/N	1	DRIVER TRAVIS J REID			PHONE	LOCAL NO.	
V2/N	1	DRIVER ADDRESS 1060 ASHLAND RD, ASHLAND, NE 68003			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 02/24/1997	
G	6	OWNER REIDS FARMACY LLC			PHONE	LOCAL NO.	
H	5	OWNER ADDRESS 1060 ASHLAND RD, ASHLAND, NE 68003			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	
V1/O	1	LICENSE PLATE TE NO.	06532	YEAR (Plate Expires)	2017	STATE (Of Plate) NE	
V2/O	2	VEHICLE	2012	MAKE	Ford	MODEL F350	
V1/O	1	VEHICLE ID NO. (VIN)	1FTRF3BT3CEB78524	BODY STYLE	Pickup truck	COLOR red	
V2/O	2	TOWED TO	TOWED BY	INSURANCE COMPANY	FARMLAND MUTUAL INS		
I	1	VEHICLE NO. 2					
V1/P	1	DRIVER LICENSE NO.	G02172678	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V2/P	1	DRIVER JAMES A FANGMEYER			PHONE 4024165623	LOCAL NO.	
J	01	DRIVER ADDRESS 6340 GLADSTONE ST, LINCOLN, NE 68507			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 04/09/1965	
V1/Q	4	OWNER JAMES FANGMEYER			PHONE 4024165623	LOCAL NO.	
V2/Q	4	OWNER ADDRESS 6340 GLADSTONE, LINCOLN, NE			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	
K	01	LICENSE PLATE TE NO.	TJS663	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V1/Q	4	VEHICLE	1994	MAKE	Ford	MODEL Ranger	
V2/Q	4	VEHICLE ID NO. (VIN)	1FTCR10A1RPB82376	BODY STYLE	Pickup truck	COLOR blue	
K	01	TOWED TO	TOWED BY	INSURANCE COMPANY	PROGRESSIVE		
		TOWED TO			POLICY NO.	16298532	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

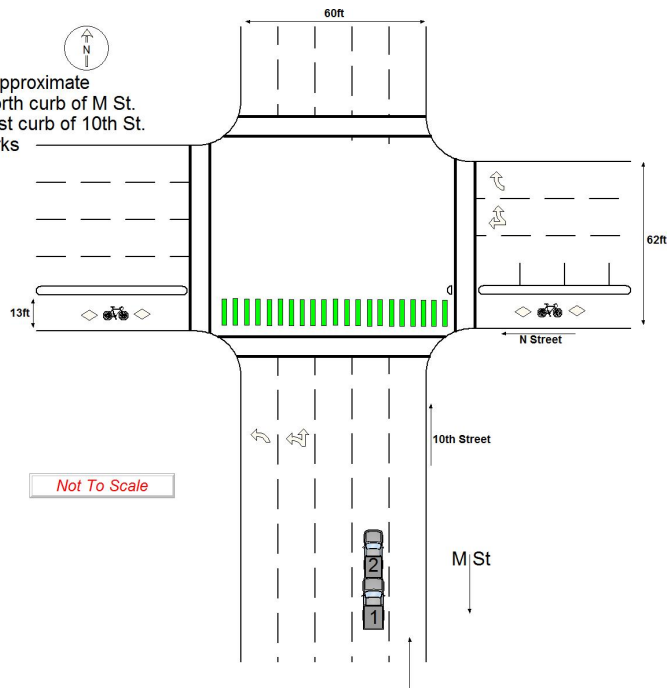
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-044189



Indicate  
North  
by Arrow

All Measurements Approximate  
POI: 218' North of the North curb of M St.  
15' West of the East curb of 10th St.  
No Skidmarks



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1 stated they were northbound on 10th St. M St. to N St. in the second from the east curb through lane when vehicle 2 in front of him stopped and he collided into the rear of the vehicle. Driver 1 stated Driver 2 had swerved into the lane in front of him and stopped causing the collision. Driver 2 stated they were northbound in the second from the east curb lane in stop and go traffic, stopped and vehicle 1 collided into the rear of their vehicle. Driver 2 stated they had been in the same lane for several traffic lights. All debris was in the lane where the accident occurred.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2						VEH 1		VEH 2		
1	X				10TH	POINT OF IMPACT	01	POINT OF IMPACT	05	4		9		Driver No. 1		Driver No. 2		
2	X				10TH	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	4		2		Y		Y		
1	01	06 Turning left				00 None		02	03	04	1 None used - vehicle occupant		2 Lap & shoulder belt used		N		N	
2	01	08 Entering traffic lane				09 Top & windows		05	06	07	2 Deployed - side		3 Shoulder belt only used		X		X	
01 Essentially straight ahead						10 Undercarriage		08	07	06	3 Deployed - both front/side		4 Lap belt only used		N		N	
02 Backing						11 Total (all areas)					4 Not deployed		5 Child safety seat used		N		N	
03 Changing lanes						12 Other					5 Not applicable/ No airbag available		6 Child booster seat used		N		N	
04 Overtaking/ Passing											6 Unknown		7 DOT approved helmet used		N		N	
05 Turning right													8 Costume helmet used		N		N	
13 Unknown													9 Restraint use unknown		N		N	

OFFICER NO. 1697	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Justin Stone		INVESTIGATOR SIGNATURE Approved by Officer Justin Stone	DATE OF REPORT 05/20/2016